PART B - FEE(S) TRANSMITTAL

INSTRUCTIONS: Na appropriate: All furthe indicated unless correc maintenance fee notific	ations.	ransmitting the ISSL ne Patent, advance or ise in Block 1, by (a	or <u>Fa</u>	Commissioner P.O. Box 1450 Alexandria, V (571) 273-2885 BLICATION FEE (if reation of maintenance fee ew correspondence addresses and the company of the com	irginia 22313-1450 equired). Blocks 1 through 5 s will be mailed to the curren ess; and/or (b) indicating a sep		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 08/19/2005				Note: A certificate Fee(s) Transmittal. papers. Each additi have its own certifi	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
186 Wood Aver	perty Department	10017015		I hereby certify that States Postal Service addressed to the A transmitted to the L	Certificate of Mailing or Tran t this Fee(s) Transmittal is being the with sufficient postage for findal Stop ISSUE FEE addres ISPTO (571) 273-2885, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. (Depositor's name)	
01 FC:1501	1400.00 DA			Michele	L. Conover		
02 FC:1504	300.00 DA			August 3		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/017,015 12/14/2001			Christian J. I	Darken	2000P09072 US01	7818	
TITLE OF INVENTIO SYSTEM USING NEU		RATUS FOR PROV	IDING A VIRT	UAL AGE ESTIMATIO	ON FOR REMAINING LIFE	FIME PREDICTION OF A	
APPLN. TYPE SMALL ENTITY		· ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$300	\$1700	11/21/2005	
EXAMINER		ART UN	IT	CLASS-SUBCLASS	· ·		
HOLMES, MICHAEL B		2121		706-021000	<u> </u>		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA TO	BE PRINTED ON T					
PLEASE NOTE: Un recordation as set for	less an assignee is identified th in 37 CFR 3.11. Completion	below, no assignee on of this form is NO	data will appear Γa substitute for	on the patent. If an ass	ignee is identified below, the	document has been filed for	
(A) NAME OF ASSI				(CITY and STATE OR (COUNTRY)		
Siemens	Corporate Resear	•		ceton, NJ	,		
	riate assignee category or cate	gories (will not be pri	nted on the pater	nt): 🗖 Individual 🔀	Corporation or other private gr	roup entity Government	
4a. The following fee(s) Kissue Fee	are enclosed:	4b	Payment of Fee				
	No small entity discount permi	itted)	_	he amount of the fee(s) is credit card. Form PTO-20			
Advance Order -					charge the required fee(s), or (enclose an extra	credit any overpayment, to	
5 Change in Entity Sta	tus (from status indicated abo	, , , , , , , , , , , , , , , , , , ,	Deposit Accoun	t Number 19-21/9	(enclose an extra	copy of this form).	
	s SMALL ENTITY status. Se		D b. Applicant	is no longer claiming SM	IALL ENTITY status. See 37 C	CFR 1.27(g)(2).	
The Director of the USP NOTE: The Issue Fee an interest as shown by the	TO is requested to apply the Is dependent of the Is of the Island of the United States P	ssue Fee and Publicat) will not be accepted atent and Trademark	ion Fee (if any) of from anyone oth Office.	or to re-apply any previoner than the applicant; a r	usly paid issue fee to the applic egistered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	^			**************************************		
	Whohele &	Comon	 	Date	<u>August 30, 2005</u>	·	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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